



Michigan Department of Labor & Economic Growth
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005
Lansing, Michigan 48909-7505

**APPLICATION FOR VENDOR REPRESENTATIVE
LICENSE**

For the period May 1, 2005 to April 30, 2008
[Authorized by MAC 436.1853]

FOR MLCC USE ONLY

License No. _____

Date Issued _____

GENERAL INSTRUCTIONS

- A Vendor Representative License only applies to a person representing the Vendor of Spirits that sells spirits to the MLCC. Each Vendor of Spirits must have **only one** Vendor Representative.
- To be considered for a license you must complete this application and include the required Email address, sign the form and return the application with a check made payable to the State of Michigan for the \$50.00 license fee to the address at the top of this form.
- A Vendor Representative must notify the MLCC of any change in the required Email address and must also notify the MLCC when there is a change in employment. Licenses will be transferred at no charge or put into escrow.
- Failure to obtain a required license is a violation of the Liquor Control Code. Submitting FALSE or INCOMPLETE information is also a violation. Violation of the Code may result in denial, suspension or revocation of the license and a fine.

PART 1 APPLICANT INFORMATION

CHECK TYPE OF LICENSE: ☐ New License \$50 or ☐ Transfer License (no fee)

1. Name of Applicant:

2. Street Address:

3. City:

State:

Zip Code:

4. Telephone Number:

5. Email Address*:

****Required – you must inform MLCC of any changes to your Email address****

6. Date of Birth:

7. Drivers License No:

8. Business address (if different from above):

Business Telephone:

9. Has the MLCC previously issued a license to this Company? ☐ No ☐ Yes If YES, please list the following:

Type of License _____ Year issued _____ License No. _____

10. Have you ever been denied a license or had a license revoked by the MLCC? ☐ No ☐ Yes If YES, list facts, dates and places on a separate sheet.

11. Do you or your spouse hold (or have financial interest in) a RETAIL license? ☐ No ☐ Yes If YES list licenses and places on a separate sheet.

12. Have you ever been arrested or convicted? ☐ No ☐ Yes If YES list facts, dates, Places on a separate sheet.

13. By signing this application I agree to abide by the provisions of the Liquor Control Code and the Administrative Rules of the MLCC. I also understand that submitting **FALSE** or **INCOMPLETE** information is cause for denial of the license and is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Signature:

Date:

PART 2 TO BE COMPLETED BY VENDOR OF SPIRITS

14. Name and Address of Company:

15. Business Telephone Number:

16. Federal ID Number:

17. I request the MLCC grant a VENDOR REPRESENTATIVE LICENSE to: _____

Signature:

Title:

Date:

CASHIER VALIDATION (do not write in this space)